

# Western Waste Services ACH Form

I (we) authorize *Western Waste Services, Inc.* initiate debit entries to my checking/savings at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authorization will remain in effect until *Western Waste Services* is notified by me in writing to cancel such time as to afford *Western Waste Services* and the *Financial Institution* a reasonable opportunity to act on it. Any transaction returned NSF is subject to a \$20 fee, which will be electronically debited from the account listed below, effective upon reinitiating the original transaction.

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(Financial Institution)

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(Address of Financial Institution: City, State, & Zip)

Bank Account Type:  Checking  Business checking (check one)

Recurring every 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Friday, or as specified below:

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(Bank Account Number)

Amount \$ \_\_\_\_\_

(Bank Routing)

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(Customer Name)

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(Customer Signature)

(Date)

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(Address – Please Print)

**(Please attach a voided or photocopy of a check)  
Deposit slips are not acceptable**